

WIC Agency Structure Survey

Please submit one form per local agency to Linda Best at Deer Lodge County WIC.

In the present economic climate decisions need to be made about Montana WIC's clinic configuration.

Do you favor:

☐ Maintaining the present structure with possible reduced funding

☒ Consolidation with more funding per region

We could consider consolidation if funding covered additional costs of more staff and more travel, and more administration

If consolidation is to occur to provide improved and more cost-effective services, which of the two regions from the attached maps would better meet your needs:

☒ HRDC Regions

☐ Montana Cancer Control Regions

Please provide any suggestions you have regarding WIC structure:

How would regional structure + policies address + impact local concerns?

This seems like a very complex process with time needed to find a buy-in on the local level and not a mandate from above. Show the locals the advantage to them.

Thank you for your input in shaping the future of the Montana WIC Program!

you might also want to look at the MACo structure, and take advantage of the county commissioners as the stakeholders in those regions. (Look at regions 4 + 5, there are some differences there from the HRDC model)

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I am curious how reservations are going to work in this picture. I guess I need more information. We do need to move forward - not sure regionalization is the best. Mobile may be a better concept.

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B. Shyne - St. Burkhard + Hays WIC

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Please provide any suggestions you have regarding WIC structure:

*We need to make use of telecommunication
advances - less face to face due to large distances
in this state.*

*If multi county areas are opted for our County
they would require intercounty agreements to decrease
costs.*

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- ☒ HRDC Regions *Have concerns about how this would work with the tribes?*
☐ Montana Cancer Control Regions

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A huge concern in NE Montana is long distances between locations and how they would be staffed.

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> Same for us

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Due to Roundup historically being served by Billings WIC, it seems it would be less disruptive for the participants to stay with the Billings configuration.

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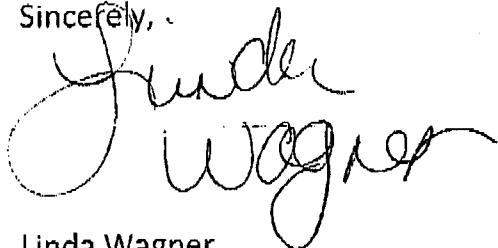
Each time the region gets larger, more local agencies are swallowed up - they have less funding and yet are expected to keep up with trainings and LARC responsibilities. The state staff benefits - the local agencies, and especially regional leads, lose because the responsibilities are more time consuming than is compensated for.
Thank you for your input in shaping the future of the Montana WIC Program!

If further regionalization does happen, the structure should be studied and based on WIC's needs rather than HRDC or Cancer Control. We also need to think green and consider travel costs (i.e. for LARC retailer visits) - a regional LARC would eat up far more time than a local, plus fuel.

To Regionalization Sub-committee,

I have spoke to the commissioners for Lincoln County and they are adamantly opposed to regionalization. Until it can be shown that regionalization saves money and does not harm our clinic the commissioners will not be in support of this idea.

Sincerely,

A handwritten signature in cursive script, appearing to read "Linda Wagner". The signature is written in dark ink and is positioned above the printed name.

Linda Wagner

Program Director

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Comments regarding WIC agency structure

Before we go any further with consolidation or restructuring I think we need to know that we have all the information needed to make sound decisions and that we are in fact comparing apples.

We need to know how the different regions are providing services. Currently there are several different ways that the regions are providing services and those different models affect cost. In some regions consolidation was purely an exercise on paper and they actually function in a pass through type arrangement. In others the regions encompass many counties served by 1 individual which brings up questions about the quality of service and whether the required components can be delivered in that manner.

The other comparison I would like to see is an estimate of those eligible in each county and a measure of how we are doing at reaching that target population. An additional consideration may be how far WIC participants are traveling for services. In many cases clients are traveling long distances just to get to outlying clinics - if those clinics are eliminated will they be able to access services.

While some services could be accomplished by webcam I think we lose a lot in not being able to observe the interaction between moms and babies and opportunities for referrals to other services.

The stated goal of WIC is to provide WIC services across the state and it may be that we should look at that goal, the target population and their location, other available services at the county level and come to some decisions about how to provide services going forward.

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N/A - our region appears the same on both maps.

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Thank you for surveying us about WIC regionalization. We offer the following comments for consideration:

- We don't favor either of the choices on the survey. From the short-term perspective, we would prefer that the \$56,000 total going to "lead agencies" be re-entered into the per capita funding pool.
- The geography of the state calls for modernizing using **technical** means to provide certain **centralized** functions such as:
 - Vendor training
 - Competency based training for new program staff (web based model used in Alaska)
 - Tele-counseling by RD's for high risk clients.

Other central approaches that might improve cost efficiencies might include:

- Negotiate bulk purchases of some clinic and office supplies
- Purchase of breast-pumps through a contract for bid similar to the process for formula

Certain functions that may be regionalized might include:

- Compliance checks
- Satellites

In summary: 1) Montana must look at technological solutions which could serve not only to cut administration costs, but might serve some otherwise remote clients and small jurisdictions, and; 2) As long as funds for lead agencies or some other type of regionalization are taken from the local funding pool, the math won't work out--caseload is the funding generator, and; regionalization is a good concept, but not one that can be imposed in this state, especially if it remains ill-defined or viewed as a stronger solution that it might be because nothing changes the state's geography or the way the population is situated.